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1995

COMMISSIONER OF PATENT AND TRADEMARKS
BOX PATENT APPLICATION
Washington, D. C. 20231

Atty. Docket No. _11823-002630_

"Express Mail" L. .o. _TB221720939US_

Date of Deposit_ O7 Jun 95 _

I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner of Patents and Trademarks, Washington, D. C. 20231

By _____

Sir:

This is a request under 37 CFR 1.60 for filing a

[ ] Continuation   [X] Division

of application Serial No. _07/634,278_ , filed _DECEMBER 19, 1990_ ,

of_____CARY L. QUEEN ET AL._____

for_____IMPROVED HUMANIZED IMMUNOGLOBULINS_____

The application papers **FILED HEREWITH** (specification, claims, originally filed drawing(s) and oath or declaration) are a true copy of the prior application and no amendment referred to in the oath or declaration filed to complete the prior application introduced new matter therein.

[X]   Please amend the specification by inserting before the first line the sentence:

-- This is a [ ] Continuation [X] Division

of application Serial No. _07/634,278_ filed _DECEMBER 19, 1990_ . --

[X]   A preliminary amendment is enclosed.

[ ]   Formal drawings are enclosed.

[ ]   An Information Disclosure Statement under 37 CFR 1.97 is enclosed.

[ ]   A verified statement to establish status under 37 CFR 1.9 and 37 CFR 1.27 [ ] is enclosed, or [ ] was filed in the above identified parent application.

[ ]   Enclosed is a petition to extend time to respond.

[ ]   Please record the enclosed assignment to _____.

[X]   The prior application is assigned to _____PROTEIN DESIGN LABS, INC._____.

[X]   Please cancel claim(s) _1-85_____.

[ ]

Claims as Filed, Less any Cancelled Claims

FOR:	(Col. 1) NO. FILED	(Col. 2) NO. EXTRA	SMALL ENTITY RATE	FEE	OR	OTHER THAN A SMALL ENTITY RATE	FEE
BASIC FEE				$355	OR		$710
TOTAL CLAIMS	20 -20=	*0	x11=	$	OR	x22=	$
INDEP CLAIMS	2 -3=	*0	x37=	$	OR	x74=	$
[X] MULTIPLE DEPENDENT CLAIM PRESENTED			+115=	$	OR	+230=	$230
			TOTAL	$	OR	TOTAL	$940

* If the difference in Col. 1 is less than zero, enter "0" in Col. 2

Please charge Deposit Account No. 20-1430 as follows:

[X]   Filing fee $ 940.00 _____

[X]   Any additional fees associated with this paper or during the pendency of this application

[ ]   The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

[ ] A check for $_____ is enclosed.

_2_ copies of this sheet are enclosed.

Telephone: (415) 326-2400

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Respectfully submitted,

TOWNSEND and TOWNSEND KHOURIE and CREW

TRACY J. DUNN
Reg. No.: 34,587
Attorneys for Applicant